

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Action			FEC IDENTIFICATION NUMBER ▼ C C00524181		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Envision Marketing			Date of Public Distribution/Dissemination 09 / 07 / 2016		
Mailing Address 148 Graves Mill Road			Amount 4847.49		
City Lynchburg		State VA	Zip Code 24502-4202		Transaction ID : E6BC0D6EEE6F348DDA1/
Purpose of Expenditure IE-Banks-Direct Mail Production		Category/Type 		Date of Disbursement or Obligation 09 / 07 / 2016	
Name of Federal Candidate Banks, James, E, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 4847.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Envision Marketing			Date of Public Distribution/Dissemination 09 / 30 / 2016		
Mailing Address 148 Graves Mill Road			Amount 4210.56		
City Lynchburg		State VA	Zip Code 24502-4202		Transaction ID : E19B95C00F8A44F5D800
Purpose of Expenditure IE-Banks-Direct Mail Production		Category/Type 		Date of Disbursement or Obligation 09 / 27 / 2016	
Name of Federal Candidate Banks, James, E, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 9058.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9058.05		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Kilgore, Paul, , ,</i>			[Electronically Filed]		Date 10 / 12 / 2016

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NAME OF COMMITTEE (In Full) Senate Conservatives Action		FEC IDENTIFICATION NUMBER ▼ C C00524181	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Envision Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 148 Graves Mill Road		Amount 2794.36	
City Lynchburg	State VA	Zip Code 24502-4202	Transaction ID : EEF4BC39BCBD643D5BC Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2016
Purpose of Expenditure IE-Banks-Direct Mail Production		Category/Type	
Name of Federal Candidate Banks, James, E, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2794.36
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	11852.41

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,
[Electronically Filed]

Date

MM / DD / YYYY
10 / 12 / 2016

Signature